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Mark Exworthy, Stephen Peckham, Martin Powell and Alison Hann (eds.) (2011), *Shaping Health Policy: Case Study Methods and Analysis*. Bristol: Policy Press. £25.99, pp. 348, pbk.

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tended to track gains in productivity, but from the 1980s, as labour power was weakened, more of the productivity gains have gone to profits, which have surged ahead despite recession. The fourth causal route identified – how the concentration of economic resources leads to a concomitant concentration of political power – was not as well developed as some of the other themes. For a more detailed analysis, Gilens (2012) considers this theory for the US.

The end of the book (p. 288 onwards in particular) identifies a number of policy prescriptions designed to build a more stable economy, and which require tackling the systemic causes of inequality. These are aimed at protecting and increasing the share of wages in total incomes, greater controls over corporate behaviour and a more progressive tax system. Tax avoidance must also be tackled, plus specific action on banking bonuses and pay, perhaps also a 'Tobin tax' on financial transfers. In short, these proposals can perhaps be reduced to two key aims: re-linking pay to productivity, and ensuring that finance does not crowd out more productive economic activities.

I welcome this book. It will perhaps be of greatest benefit to those who have not read some of the other books analysing the reasons for the great recession, although even for them the focus on inequality as a key underlying cause may be important. It is well-written and presented, clear in its analysis and recommendations. It draws on a wide range of sources (cited in 440 endnotes), and has a short index. Most of the work is devoted to the UK and to the US, although there are some references to other countries, particularly European, when comparisons of relative performance at different time periods are being made. It establishes the key trends on inequality, sets out a number of causes for this and persuasively argues for the negative effects that rising inequality has created for economies and societies. I fear that his final concern that the 1929 depression changed economic and policy thinking to a much greater degree than after 2008–09 has a high chance of remaining true.

Reference

Gilens, M. (2012), *Affluence and Influence: Economic Inequality and Political Power in America*, New York: Russell Sage Foundation.

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Mark Exworthy, Stephen Peckham, Martin Powell and Alison Hann (eds.) (2011), *Shaping Health Policy: Case Study Methods and Analysis*. Bristol: Policy Press. £25.99, pp. 348, pbk. doi:10.1017/S004727941200061X

This book is a must-read. It is hugely satisfying on two counts. First, it provides a valuable historical background against which to assess the massive health reforms just introduced by the current government with the Health and Social Care Act. And, second, it addresses a neglected area of theoretical and methodological concern – the place of case studies in the study of health policy.

Two different trajectories served as inspiration for the book. One was the apparent 'reinvention and recirculation' of familiar themes in health policy in the many NHS re-organisations since 1948, which the authors sought to analyse through synthesising cumulative knowledge emanating from key case studies over time. The second trajectory was a concern with the rigour and methods of such case studies. Thus the book will appeal to those who want to understand better health policy change in the NHS since its inception, as well as to a much

wider readership (including those in middle and low income countries) who are interested in developing the field of health policy analysis by paying greater attention to theories and methods.

The authors note that case studies have become the predominant method by which much health policy is conducted, but that case study methods are subject to abuse and misuse. One aim of the book is to 'recover and re-invigorate' the case study as a valuable technique for researchers and practitioners. The authors are academics, most having researched and analyzed aspects of the NHS over several years, and some have been practitioners, involved in specific policy processes within the NHS. Having selected their case studies (an interesting process in itself, with a surprising lack of consensus on which were the most significant), they ground each narrative in history and method.

The case studies are preceded by two chapters covering some familiar arguments about the weaknesses of case studies (e.g. the difficulty of generalising from them) and also their strengths (e.g. they provide insights other methods cannot). The first (by Exworthy and Powell) addresses the surprisingly difficult notion of deciding what a 'case' is, drawing on Yin's gold standard for case studies: they should be significant, complete, consider alternative perspectives, be based on sufficient evidence and be analysed in an engaging manner (Yin, 2009). Marinetto (chapter 2) offers a useful description of the history of the case study, and how it evolved, as well as a theoretical discussion on whether a case study is a method or a design, or a choice of what is to be studied. These concepts are analysed in later chapters which explore specific issues

The body of the book is divided into three sections: 1948–1980s, 1980s–1990s, 1990s onwards. All contain five or six case studies by different authors exploring the NHS during the period under question. Each chapter is based on a classic text (paper or book), and discusses the methods and approaches used and provides a commentary on its contemporary relevance. Each is an exhilarating reminder of how important it is to take a long and critical view of the health policy process, and that with hindsight it is possible to see changes in a different light. The stories of all these chapters are different and absorbing, and offer a marvellous overview of the evolution of the NHS. They are made more valuable by their discussions of theoretical and methodological approaches.

The first part focuses on the birth, consolidation and disillusion of the first thirty years of the NHS. Chapters by Powell (comparing eighteen case studies on the creation of the NHS), Mohan Greener; Higgins; Keen; Peckham and Willmott (on hospitals, ideology and class, safety and interests) dissect the extent to which each case reaches the criteria of being an exemplary study, and how far each differ in their interpretation of the specific issue. What all these chapters bring out are the difficulties of boundary definition in health policy, how complex it is to decide what is 'the case' and how looking back can offer new perspectives or interpretations of old stories.

The next part is set in the 1980s and 1990s, starting with the Thatcher reforms, which introduced managerialism and the internal market to the NHS. The chapters in this section (by Macfarlane, Exworthy and Willmott; Evans; Wainwright and Calnan; Hughes; Locock and Dopson) provide the familiar background to the current reforms, e.g. the introduction of general managers into the NHS, GP fundholding and organisational change. Particular attention is paid to two cases which the authors suggest have shaped a generation of research through their methodological and theoretical contributions.

The final chapters (by Peckham and Sanderson; Hann; Paton; Dowswell and Harrison; Allen; Exworthy and Oliver) explore the NHS from the 1990s to the current day, examining specific policy areas including patient choice (an excellent example of a poorly defined policy and the difficulties of constructing temporal and conceptual boundaries); implementation deficits, the 'tyrannies' of health promotion and individualisation; and the history of addressing health inequalities.

How much do such case studies advance policy learning? While there are several case studies in this book which suggest that some cases did influence policy development and implementation, the authors note cautiously that there are not many direct examples, and that much depends on the context and current constraints. They take heart from what they see as case studies' contribution to a greater convergence between policy approaches – noting that the internationalisation of evidence has made practitioners more aware of what is happening elsewhere and more aware of adopting best practices.

In the final chapter, Exworthy and Powell conclude, from the collective reflections presented in the preceding chapters, that case studies are far from a 'pauper's choice'. They provide a flexible research tool – especially for studies of health policy processes. They are diverse in their use of methods and their interrogation of evidence. They use qualitative methods and secondary sources and multiple variables which enable them to look back and forward. They have explanatory power through 'thick' description, and, importantly, they can further explore further theoretical statements. While case studies may not meet the stringent standards Yin sets out, these authors are robust in their defence of them as methodologically and intellectually valuable.

Reference

Yin, R. K. (2009), *Case Study Research: Design and Methods*, 4th edition, London: Sage.

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Gary Bridge, Tim Butler and Loretta Lees (eds.) (2012), *Mixed Communities: Gentrification by Stealth?* Bristol: Policy Press. £70, pp. 372, hbk.
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This is a wide-ranging book with ambitious and constructive aims. It consists of eighteen chapters in total that explore different aspects of gentrification and mixed communities, or the 'social mix' debates as the latter aspect is also commonly known.

The key aims, as expressed by the three editors, are to:

- (1) illustrate similarities and differences in the ways that mixed communities policies are enacted internationally through gentrification;
- (2) evaluate the claim that introducing middle-income people into low-income neighbourhoods breaks down social segregation in positive ways; and
- (3) encourage wider debate about social mix policies that promote gentrification – specifically between relevant interest groups, which include gentrification and housing researchers, policy makers and planners.

In order to meet these aims, the book encompasses an interdisciplinary and international collection of contributors, spanning academics from sociology, geography and urban studies to policy analysts from across the Trans-Pacific-Atlantic. This assortment provides varying insights from a range of countries, academic disciplines and policy makers and practitioners.

In relation to the third aim of encouraging debate between different interest groups, the editors are concerned that deliberations about mixed communities are occurring without noting the insights from a growing knowledge base about gentrification (p. 9). This is a worthy aim although mixed communities and housing researchers could equally argue like points from their